

The Bowenian Concept Of Triangulation And Its Relationship To Separation Anxiety Disorder

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Statement of the Research Problem

Separation anxiety is considered to be a normal phenomenon which arises at a variety of predictable times during infancy and early childhood. Apprehension and distress regarding the separation from loved ones, as well as resistance and protest when separation occurs, are common reactions and behaviors in toddlers and preschoolers (Black, 1995). However, when separation anxiety occurs outside the expected developmental phases and the magnitude of distress causes functional impairment in the child, the diagnosis of separation anxiety disorder (SAD) is warranted.

Separation anxiety disorder has been estimated to afflict 3 to 5.4% percent of all school-age children, making it the most common anxiety disorder in childhood (Compton, Nelson, & March, 2000). Besides the problem of intense anguish suffered by the child during actual or anticipated separation --the hallmark of SAD-- many studies have found an association between SAD and social, scholastic and personal adjustment problems as well as depression (Spence, 1998; Koplewicz, 1996).

Evidence indicates that childhood anxiety disorders may persist throughout the life cycle if left untreated. Moreover, many children with an anxiety disorder are at increased risk for an adult anxiety disorder (Kaplan & Saddock, 1997). Separation anxiety disorder, in particular, has been implicated as one precursor in the development of adult panic disorder (Silove, Manicvasigar, Curtis, & Blaszczyński, 1996). Considering the potential of SAD to disrupt both the child's present and future functioning, it is critical that the factors giving rise to this disorder be identified and understood.

Research Question and Hypotheses

Many theorists have attempted to explain the phenomenon of separation anxiety. In his ethological theory of attachment, John Bowlby posits that the human species is disposed to respond with fear to separation from a potentially care-giving figure because to do so has survival value (Bowlby, 1988). Margaret Mahler, from the perspective of object relations, maintains that separation anxiety is a normal reaction in the developmental process of separation-individuation during which the young child is forming an identity independent of the parent (Mahler, Pine, & Bergman, 1975). The cognitivists posit that separation anxiety is the result of a faulty cognitive template which is continuously activated. This leads the child to interpret routine separation experiences as dangerous (Beck, Emery, & Greenberg, 1985). Finally, there is the age old debate about nature versus nurture in the pathogenesis of SAD, with one camp arguing that there is a genetic basis for the disorder (Jellinek & Kearns, 1995) and another camp arguing that environmental factors are responsible for the emergence of separation anxiety (Topolski, Hewitt, Eaves, Silberg, Meyer, Rutter, Pickles, & Siminoff, 1997). And, recently, a fifth view has emerged which upholds that the interaction between genetic and environmental factors produces SAD (Rapee, 2001). For the most part, these theories tend to place the origin of separation anxiety within the context of either the individual or the primary attachment figure-child dyad. However, separation anxiety has not yet been empirically verified as a phenomenon which may arise from the interactions among the father, mother, and child.

Murray Bowen, in his family systems theory, described an unhealthy emotional dynamic known as triangulation, which occurs among three people and is driven by the displaced anxiety between two of the people (Bowen, 1978). In families, triangulation frequently occurs among the mother, father and child, whereby the parents, in an effort to distance themselves emotionally and bind the anxiety between them, will draw a child into the marital dyad. Bowen suggested that the triangulated child becomes the receptacle for this anxiety and oftentimes becomes symptomatic.

The phenomenon of triangulation has only rarely been the subject of empirical investigation. The few studies that have been conducted have centered on college students, and have consistently underscored the negative effects of being triangulated in terms of their poor emotional, academic and social adjustment (Johnson and Nelson, 1998; Protinsky & Gilkey, 1996; Bray, Harvey, & Williamson, 1987). However, the effects of triangulation on school-age children, particularly on their mental health, have been unexplored to date. This research study was designed to determine the association between father-mother-child triangulation and the symptoms of separation anxiety disorder in the child, thereby testing a piece of Bowen's theory, and addresses the following questions:

1. Is there a difference between separation anxiety-disordered children and non-clinical children in the degree to which they are triangulated into their parents' marriage?
2. Is there is a relationship between the degree of triangulation and the number of separation anxiety symptoms experienced by children?

Research and Statistical Methodology

The primary site of this study was the Child and Adolescent Psychiatry Department of Schneider Children's Hospital in Long Island, NY. SAD patients were recruited from this department, as well as by local newspaper advertisements and flyers posted at eight local public libraries. The diagnosis of SAD in the clinically-determined sample (n=19) was informed by the impressions of a mental health professional culled from an unstructured intake interview with the child in conjunction with data provided by parent and teacher reports. All of these children had a primary diagnosis of SAD and were either receiving treatment for the disorder at the time of the study or had received treatment within the past year.

Non-clinical respondents were recruited from a general pediatric practice associated with the hospital, from convenience sampling at three local malls, and by snowball sampling. Sixty-five children comprised the non-clinical group.

In total, 84 school-age children (38 girls and 46 boys) participated in the study. Criteria for a child's admission into the study included: (1) being between the ages of 7 and 12; (2) living in a household of an intact marriage; (3) being biologically related to one or both of the parents; (4) having no history of pervasive developmental disorder, psychotic disorder, nor any disorder due to a medical condition; and (5) speaking English as a first language.

In addition to the method of assigning children to a condition based on clinical impressions, the sample was also classified using a second method, the SAD subscale of the Anxiety Disorders Interview Schedule-Child Version (ADIS-C) (Silverman & Nelles, 1998). Assignment to a condition using the ADIS-C instrument yielded a clinical sample of 30 children and a non-SAD sample of 54 children. Four samples were produced by these two different classification schemes (clinically-determined SADs and non-clinical SADs; instrument-determined SADs and instrument-determined non-SADs) and underwent separate descriptive and inferential statistical analyses.

Families of prospective participants were contacted by the interviewer and asked if they would allow their child to participate in a study exploring the relationship among children and their parents, and an interview appointment was made for those who accepted. At the beginning of the interview, parents completed a consent form and parent questionnaire eliciting demographic data. The child was then interviewed without the parents. The interviewer read aloud each statement from two different instruments and asked the child to point to the response that they felt most accurately described themselves or their interactions with their mother and father.

At the time of the study, a satisfactory instrument for measuring triangulation of children in the nuclear family did not exist in the inventory of mental health measures. Therefore, it was necessary to construct an instrument expressly to accommodate the needs of this study. The author devised a questionnaire with 21 items indicative of triangulation among the mother, father and child, and four experts in Bowenian theory, including Michael Kerr, who co-authored *Family Evaluation* with Murray Bowen (1988), and Leo Fay, who co-authored *Working with Relationship Triangles: The One-Two-Three of Psychotherapy* (1996), validated the instrument. Reliability testing of the instrument, entitled the *Nuclear Family Triangulation Scale for Children* (NFTSC) (see Appendix), yielded a Chronbach Alpha of .86 and a Guttman Split-half of .91. To measure symptoms of SAD, the separation anxiety disorder subscale of the *Anxiety Disorders Interview Schedule for Children* (ADIS-C) was administered. This subscale consists of a series of questions which correspond to the checklist of symptoms characteristic of separation anxiety disorder as delineated in the DSM IV (American Psychiatric Association, 1994).

In order to determine if separation anxiety disordered children experienced a higher degree of triangulation with their parents than did non-clinical children, a t-test was performed comparing sample means on the NFTSC. The Pearson Correlation statistic was used to determine the strength of the association between the degree of triangulation and number of SAD symptoms.

Summary of Results

There was no discernible difference between the clinically-determined SAD sample (n=19) and non-clinical sample (n=65) in terms of their experiences of nuclear family triangulation. However, the instrument-determined SAD (n=30) sample scored significantly higher on the NFTSC than did the instrument-determined non-SAD (n=54) sample. Thus, statistical support seems to be contingent upon the method used to diagnose the children. Only the instrument method (ADIS-C) of classification yielded a significant difference in the levels of triangulation between the clinical and non-SAD samples.

With respect to the relationship between triangulation and SAD symptoms, a significant positive correlation was found for the 84 children taken as a whole. Data analyses on the four sub-samples provided further statistical support: The non-clinical sample, instrument-determined SAD sample, and instrument-determined non-SAD sample all showed that as the level of triangulation increases, the number of SAD symptoms also increases. Only the clinically-determined SAD group failed to show a significant relationship between triangulation and the number of SAD symptoms. Thus, there does seem to be a strong relationship between the two variables under study, despite the method of diagnosis.

Implications for Social Work Practice

The unique claim of the social work profession is its person-in-environment perspective. The family provides the most immediate environment for the person. This study suggests that families may play a role in the pathogenesis of separation anxiety disorder, and offers empirical support for Bowen's postulate that children who are triangulated into their parent's marriage may become symptomatic.

This knowledge translates into essential skills for clinical social workers treating SAD, including being able to recognize the emotional dynamics operating in these families, and ascertaining the impact of these dynamics on the child. Particularly crucial is the ability of the clinician to be alert to the signs of triangulation which can be accomplished by asking the proper questions in the clinical interview, or by administering the Nuclear Family Triangulation Scale for Children to the SAD child. Furthermore, because the findings of this study highlight the positive association between father-mother-child triangulation and symptoms of SAD, it is important for the social worker to explore not only the child's relationship with the parents, but also the relationship between the parents themselves.

Identifying the problem within a family context allows for targets of intervention beyond individual child psychotherapy which is typically prescribed in cases of child anxiety. Appropriate and timely interventions working with the child, the marital couple, and/or the father-mother-child triad would most likely ameliorate the child's anxious symptoms and benefit the family at large.

An unanticipated practice issue raised in this study concerns which methods of assessing childhood anxiety disorders are most valid, reliable, and accurate. Clearly, it is imperative that social workers be well-informed about the strengths and weaknesses of the diagnostic methods they employ, and that they realize that each of these methods has a significant bearing on the diagnosis that is finally made. Ultimately, the effectiveness of treatment delivered to our clients hinges upon the accurate assessment of their problems.

NUCLEAR FAMILY TRIANGULATION SCALE FOR CHILDREN

For each of the questions, please choose one of the following answers that best describes your family. There are no right or wrong answers.

(0) never (1) rarely (2) sometimes (3) often (4) very often

____1. When your parents disagree, how often do you feel “caught in the middle” between them?

____2. How often does your mother “butt in” to disagreements between you and your father?

____3. Do you ever do things to try to keep your parents apart?

____4. Does your father share secrets with you that he doesn’t share with your mother?

____5. Do your parents ever try to involve you in their fights or problems?

____6. Do you ever think that your father would rather spend time with you than with your mother?

____7. When your parents are fighting or are unhappy with each other, do you tend to misbehave?

____8. How often do you feel the need to take sides when your parents disagree?

____9. When you are spending time with both of your parents, do you wish your father would not be there?

____10. Do you find it difficult to feel close to both of your parents at the same time?

____11. Do you ever feel that your mother cares more about you than she cares about your father?

____12. Do you feel your parents need your help in order to get along with each other?

____13. How often are your parents’ discussions about you?

____14. When your parents are fighting or are unhappy with each other, do you tend to get sick (stomach aches, headaches, etc.)?

____15. Do you ever think that your mother would rather spend time with you than with your father?

____16. How often does your father “butt in” to disagreements between you and your mother?

____17. Is it ever difficult to feel friendly toward both of your parents at the same time?

____18. Does your mother share secrets with you that she doesn’t share with your father?

____19. Do you try to solve your parents’ problems when they are not getting along with each other?

____20. Do you ever feel that your father cares more about you than he cares about your mother?

____21. When you are spending time with both of your parents, do you wish your mother would not be there?

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